ARIZONA STATE BOARD OF HEALTH State File No. BUREAU OF VITAL STATISTICS Registered No. 1. PLACE OF BIRTH STANDARD CERTIFICATE OF BIRTH manne (If hirth occurred in a hospital or institution, give its NAME instead of street and number) If child is not yet named, make supplemental report, as directed. 2. Full name of child 6. Legitimate? 4. Twin, triplet or other 3. Sex of Child To be answered ONLY 7. Date in event of plural of birth Month 5. No., in order of birth Day Year births. FATHER 14, MOTHER Full maiden name Full name 15. Residence 9. Residence (Usual place of abode) Wulden (Usual place of abode) If non-resident, give place and state. If non-resident, give place and state. 16. Color or race 10. Color or race Mexican 17. Age at last birthday 18. Birthplace (city or place) 12. Birthplace (city or place) (State or country) (State or country) 19. Occupation 13. Occupation Nature of industry Nature of industry (a) Born alive and now living... 21. Were precautions taken against oph-20. Number of children of this mother. thalmia neonatorum. (b) Born alive but now dead... (Taken as of time of birth of child herein (c) Stillborn.. certified and including this child). CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE alino I hereby certify that I attended the birth of this child, who was... (Born alive or-stillborn) * When there was no attending physician or midwife, then the father, householder, Signature.. etc. should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. (Physician or midwife) Given name added from Address a supplemental report Month, day, year Registrar. Registrar.

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